Docket No.: 884B.0003.U1(US)

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## A System or Method for Assessing a Subject's Peripheral Blood Circulation

| the specification                                | on of which:                                                                               |                                                                                                                             |                                      |                                                  |  |  |  |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------|--|--|--|
| (check one)                                      | is attached hereto.                                                                        |                                                                                                                             |                                      |                                                  |  |  |  |
| ·                                                | was filed on as U.S. Application Serial No., and was amended or (if applicable).           |                                                                                                                             |                                      |                                                  |  |  |  |
|                                                  | PCT/GB2005/000  as amende  as amende                                                       | and claimed in PC1<br>0051 filed on January 1<br>ed under PCT Article 1<br>ed under PCT Article 3<br>nal Preliminary Examin | 0, 2005 and 9 on 4 as published in   | (if any) and/o<br>in the Annex(es) to the        |  |  |  |
| I hereby state t                                 | hat I have reviewed an<br>claims, as amended by                                            | d understand the conter<br>any amendment referr                                                                             | nts of the above-<br>ed to above.    | identified specification                         |  |  |  |
| I acknowledge<br>me to be mate<br>Regulations, § | the duty to disclose to trial to the patentability 1.56                                    | the U.S. Patent and Tra                                                                                                     | ndemark Office a<br>s defined in Tit | ll information known to<br>le 37, Code of Federa |  |  |  |
| application(s) foreign applic                    | foreign priority benefor patent or inventor ation(s) for patent or which priority is claim | s certificate(s) listed be<br>inventor's certificate(s)                                                                     | low and have al                      | so identified below any                          |  |  |  |
| Prior Foreign                                    | Application(s)                                                                             | Priority                                                                                                                    | y Claimed                            |                                                  |  |  |  |
| 0400281.2<br>(Number)                            | Great Britain<br>(Country)                                                                 | 8 January 2004<br>(Day/Mon/Year Filed                                                                                       |                                      | s No                                             |  |  |  |

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.) (Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

All attorneys associated with Customer No.: 29,683

#### SEND CORRESPONDENCE TO:

#### Customer No. 29,683

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1)FULL NAME

LAST NAME

**FIRST NAME** 

MIDDLE NAME

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OB AK SWILL

PTO/SB/2LR (04-05)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Tradamark Office; U.S. DEPARTMENT OF COMMERCE

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### **DECLARATION Supplemental Sheet** For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or incapacitated inventor

| Enter Deceased or Incapacitated Inventor's Name Pe                                                                    | eter                   | Richard               | SMITH                         | Page 1 of 1        |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-------------------------------|--------------------|--|--|--|
| Name of Legal Representative:                                                                                         | Ape                    | tition has been       | filed for this non-eigning le | gal representative |  |  |  |
| Given Name (first and middle (if any))                                                                                | me or Surname          | <u></u>               |                               |                    |  |  |  |
| JENNETTE MARY-THERESY SMITH                                                                                           |                        |                       |                               |                    |  |  |  |
| Legal Representative's Signature                                                                                      |                        |                       | Date 16 10 06                 |                    |  |  |  |
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| Name of Additional Legal Representative, if any:                                                                      |                        |                       |                               |                    |  |  |  |
| Given Name (first and middle (if any))                                                                                | Family Name or Surname |                       |                               |                    |  |  |  |
| Terry Anthony Simoson                                                                                                 |                        |                       |                               |                    |  |  |  |
| Legal Representative's Signature  (Executor of Estate)                                                                |                        |                       |                               |                    |  |  |  |
| Residence: City                                                                                                       |                        | )                     | Country LL )c Citizenship     |                    |  |  |  |
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| Name of Additional Legal Representative, if any:  A petition has been filed for this non-signing legal representative |                        |                       |                               |                    |  |  |  |
| Given Name (first and middle (if any))                                                                                |                        | Family Name or Sumame |                               |                    |  |  |  |
|                                                                                                                       |                        |                       |                               |                    |  |  |  |
| Legal Representative's<br>Signature                                                                                   | Date                   |                       |                               |                    |  |  |  |
| lesidence: City                                                                                                       |                        | ate Country           |                               | Cittzenship        |  |  |  |
| falling Address                                                                                                       |                        |                       |                               |                    |  |  |  |
| Nelling Address                                                                                                       |                        |                       |                               |                    |  |  |  |
| ity                                                                                                                   |                        |                       | Zio                           | Country            |  |  |  |

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.